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rared pauper families, in which there is much prostitution, though little intemperance. Brook had a son John, who was a Presbyterian minister. He [Brook?] reared a family of fourteen illegitimate children, ten of whom came to Indiana; their pauper record begins about 1850. Of the ten, three reared illegitimate families in the fourth generation; and of these, two daughters and a son have illegitimate children in the fifth generation. These are two typical cases; any other one of the thirty could have been taken. We start at some unknown date with thirty families. Out of 62 of the first generation, we know certainly of only three; in the second generation we have the history of 84; in the third generation, of 283; in the fourth generation (1840-60), of 644; in the fifth generation, (1860-80) of 679; in the sixth generation, (1880-90) of 57. Here is a total of 1750 persons; of these we know of 121 prostitutes and many criminals, including a number of murderers. The author shows by statistics the expense which such persons as these are to society, their physical unsoundness, their fostering by unwise charity, and points out as the things to be done: 1, Close up official out-door relief; 2, Check private and indiscriminate benevolence, or false charity; 3, Get hold of the children.

First Annual Report of the New York State Commission in Lunacy for 1889; By C. F. MACDONALD, G. BROWN, H. A. REEVES and T. E. McGARR, Commissioners.

A practical view of insanity, and the method of treatment from the point of view of the State, together with the difficulties involved in the combination of insanity and pauperism, is brought out in this report. The insane should be separated from other objects of the State's charities. It is improper to class the major part of the insane cared for at public expense as "pauper insane." Seventy-five per cent. of those so classed are not paupers in any true sense of the word. Insanity being a long disease, confinement being necessary, and the friends of the patient being very often not more than able to support themselves, difficulties are quite evident. The real pauper, who is insane, is not free to leave his surroundings, if they are unsatisfactory. It is evident that such cases should be treated in a specially organized hospital, that is both custodial and curative.

The reasons for the large numerical increase of insanity are: (1) a steady growth of population, and large annual influx of foreign immigration with its undue proportion of mentally defective persons; (2) a wider knowledge of insanity, which brings to light a numerous class of mild cases that formerly were not regarded as proper subjects for care; (3) realization of the fact that insanity is a disease and needs treatment; (4) the duration of insane life is greater under modern methods; (5) the reported number of admissions to asylums misleads, because some are re-admissions and others patients transferred from other institutions, (It is probable also that the baneful practice of committing recent cases to county alms-houses, where they are detained without proper treatment, either permanently or until chances of recovery have greatly lessened, increases the number); and finally, (6) much greater care is used in enumerating the insane than formerly.

Some of the recommendations of the committee are as follows: That the discharge of patients from custody be vested solely in the medical officers. That laws that divide the insane into "acute" and "chronic" be repealed; and that all insane be treated solely with reference to their curability. That the insane State paupers bear a different method of treatment from that given to the sane State paupers. That an asylum be provided for the helpless and unteachable idiots.